

MR-1 REPORT CHECK OFF LISTCompany : **Amneal Pharmaceuticals Corp.**

SCP #: 27200050-1

Address : 290 McClean Blvd., Paterson, NJ 07504

Contact : Jiten Parikh

973-357-0222

- | | | | | |
|-----|---|-----|-----|-------|
| 1. | Category 40 CFR 439.47 (b) Subcategory | D | | |
| 2. | MONTH OF DECEMBER 1, 2008 THRU DECEMBER 31, 2008 | | | |
| 3. | Is Outlet # (8 digit) Correct ? | | (Y) | N N/A |
| 4. | Is regulated flow stated in space provided ? | | (Y) | N N/A |
| 5. | Total flow provided in proper space ? | | (Y) | N N/A |
| 6. | Is method used to calculate water stated,? | | (Y) | N N/A |
| 7. | Are number of working days stated ? | | (Y) | N N/A |
| 8. | Are there any parameters which have exceeded a daily maximum limit or could cause the company to be out of compliance with a monthly or 4-day average ? | Y | (N) | N/A |
| 8a | Are any non-detectable results higher than the permits limits ? | Y | (N) | N/A |
| 8b | If the answer to 8a was yes. did the company submit any documentation in support of compliance ? | Y | N | (N/A) |
| 9. | Is proper compliance/non-compliance statement provided ? | (Y) | N | N/A |
| 10. | If applicable is compliance schedule submitted ? | (Y) | N | N/A |
| 11. | Is combined waste stream formula required ? | (Y) | N | N/A |
| 12. | If combined waste stream formula was used, have calculations been submitted correctly ? | (Y) | N | N/A |
| 13. | Have correct number of samples been submitted ? | (Y) | N | N/A |
| 14. | Has sample number been reported in space provided ? | (Y) | N | N/A |
| 15. | Have all regulated parameters been listed on MR-1 ? | (Y) | N | N/A |
| 16. | Has sample type been stated on MR-1 ? | (Y) | N | N/A |
| 17. | Have all samples been taken during this reporting period ? | (Y) | N | N/A |
| 18. | Has NJDEPE certified lab been used ? | (Y) | N | N/A |
| 19. | Have analytical results been submitted on copies of Laboratory stationery ? | (Y) | N | N/A |

- | | | | | |
|------|--|------------------------------------|------------------------------------|--------------------------------------|
| 20. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 21. | Have average permit limitations been included on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 22. | Have maximum permit limitations been included on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 23. | Is method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 24. | If non-use statement is made does regulations allow exemptions ? | <input type="radio"/> Y | <input checked="" type="radio"/> N | <input type="radio"/> N/A |
| 25. | Has updated flow diagram been provided ? | <input type="radio"/> Y | <input checked="" type="radio"/> N | <input type="radio"/> N/A |
| 26. | If the answer to 25 was yes, was the change to the previous plot plan noted ? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 27.. | If the answer to 25 was no or N/A, was the appropriate statement of no-change to diagram submitted ? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 28. | Has production rate been provided if production Based Standards were used ? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 29. | Has MR-1 been signed by authorized representative ? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 29. | Has information been submitted on proper MR-1 form ? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> N/A |
| 29. | Have any and all PVSC samples taken during this month been averaged in with the company samples ? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

First Reviewer: comments on deficiencies COMPLETE

Date Reviewed 2/19/09 Date sent to user _____

Date due back _____ Reviewer e.j.m.

Second Review comments on deficiencies _____

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date ok _____ Reviewer _____

12/01/08 THRU 12/31/08

AMNEAL PHARMACEUTICALS

(439)

PATERSON

Local Limits

Parameters	Threshold Value	Local Limit	Over Limit	Additional Tests
Cadmium	0.005	0.19	Certified Non-Use	None
Copper	0.092	3.02		Three Months
Lead	0.029	0.54		
Nickel	0.02	5.9	Certified Non-Use	None
Zinc	1.67	1.67		
Mercury	0.001	0.080		Three Months

Violations: noneCOMPLETE ☒ Yes ☐ No Date 2/19/09

PRETREATMENT MONITORING REPORT

JAN 20 2009

NAME: AMNEAL PHARMACEUTICALS CORP.

MAILING ADDRESS: 209 MC LEAN BLVD., PATERSON, NJ 07504

FACILITY LOCATION: 209 MC LEAN BLVD., PATERSON, NJ 07504

CATEGORY & SUBPART: 439 OUTLET #: 1

CONTACT OFFICIAL: JITEN PARIKH TELEPHONE: 973 357-0222

NEW CUSTOMER ID / OUTLET ID: 272-00050-1 OLD OUTLET DESIGNATION: _____

MONITORING PERIOD

Start			End		
12	01	08	12	31	08
MO	DAY	YR	MO	DAY	YR

Average Maximum

Regulated Flow-gal/day 1806 1986

Total Flow-gal/day 4513 4964

Method Used: _____ Flowmeter readings / working days.

PLEASE SEE ATTACHMENT

Production Rate (if applicable) _____

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.019 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	NO (<0.005)		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.0156 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
ACETONE	Sample Measurement	0.196 ✓		Mg/l	1	Grab
	Permit Requirement	8.2		Mg/l		
METHYLENE CHLORIDE	Sample Measurement	0.005		Mg/l	1	Grab
	Permit Requirement	0.7		Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PRETREATMENT MONITORING REPORT

JAN 20 2009

Certification of Non-Use if applicable (use additional sheets): N/A

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: AMNEAL IS IN COMPLIANCE WITH PVSC LOCAL
LIMITS AS WELL AS ALL 40 CFR 439 PARAMETERSExplain Method for preserving samples: NITRIC ACID TO A PH LESS THAN 2

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Senen Roxas

Signature of Principal

Executive or Authorized Agent

for: JITEN PARIKH
VICE PRESIDENT

Type Name and Title

1-16-2009

Date



METHOD USED

TOTAL WATER USED

$7,530.1 (12/31/08) - 7,403.4 (12/1/08) = 127 \text{ CF1} \times 7.48 \times 100 = 94,772/21 \text{ DAYS} = 4,513$
Total Flow - Gal/Day.

SANITARY USED

$1,737 (12/31/08) - 1,661 (12/1/08) = 76 \times 7.48 \times 100 = 56,848/21 \text{ DAYS} = 2,707 \text{ Flow -}$
Gal/Day.

$$\text{REGULATORY/TOTAL} = 1,806/4,513 = 0.4$$

SITE PLAN: NO CHANGE

Ms. Sonal Thakar
Amneal Pharmaceutical Corp..
209 McLean Blvd
Paterson, NJ 07054

ANALYSIS REPORT

REPORT DATE: DEC. 15, 2008

PROJECT NO : 813922

LAB ID NO: 813922.1

FIELD ID NO: AP-1209

Sample: Liquid, Sampled by CALI on 12/9/08

Analysis	Method Number	Results (mg/L)	Discharge Limitation (mg/L)	RLs (mg/L)	Analysis Date Time	DF
COPPER	200.7	0.0190	3.02	0.003	12/12/08 11:48	1
LEAD	200.7	ND(<0.005)	0.54	0.005	12/12/08 11:48	1
ZINC	200.7	0.0156	1.67	0.005	12/12/08 11:48	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, **RLs**= Laboratory Reporting Limits,
MDL= Method Detection Limit, **DF**= Dilution Factor, **ND** = Not Detected, **RL** = MDL x DF
All metals analyses performed were subcontracted to NJ certified lab # PA 166

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director



Ms. Sonal Thakar
Amneal Pharmaceutical Corp..
209 McLean Blvd
Paterson, NJ 07054

ANALYSIS REPORT

REPORT DATE: DEC.15, 2008

PROJECT NO : 813922

LAB ID NO: 813922.2

FIELD ID NO: AP-1209 G

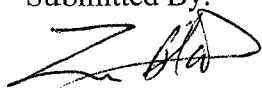
Sample: Liquid, Sampled by CALI on 12/9/08

Analysis	Method Number	Results (µg/L)	Discharge Limitation (mg/L)	RLs (µg/L)	Analysis Date	DF
ACETONE	EPA Method 624	196	8.2	0.980	12/12/08 10:51	1
METHYLENE CHLORIDE	EPA Method 624	5.03	0.7	0.790	12/12/08 10:51	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, **RLs**= Laboratory Reporting Limits,
MDL= Method Detection Limit, **DF**= Dilution Factor, **ND** = Not Detected, **RL** = MDL x DF
Analyses performed were subcontracted to NJ certified lab # 07010

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director





QC Laboratories®

Analytical Report



MS. HAYA BLANK
COMPLETE ANALYSIS LABORATORIES, INC.
1259 ROUTE 46
BUILDING #4/C
PARSIPPANY, NJ 07054-4909

Regarding:

MS. HAYA BLANK
COMPLETE ANALYSIS LABORATORIES, INC.
1259 ROUTE 46
BUILDING #4/C
PARSIPPANY, NJ 07054-4909

Account No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA
Project No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA

P.O. No:
PWSID No:

Inv. No:

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by
L2849862-1	813922.1 COMPOSITE Received Temp: 37 F Iced (Y/N): Y	12/10/08 11:51am NA F	Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
COPPER	EPA 200.7	0.0190 mg/l	0.00300 mg/l	12/12/08 11:48AM B B
LEAD	EPA 200.7	ND mg/l	0.00500 mg/l	12/12/08 11:48AM B B
ZINC	EPA 200.7	0.0156 mg/l	0.00500 mg/l	12/12/08 11:48AM B B

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by
L2849862-2	813922.2 GRAB Received Temp: 37 F Iced (Y/N): Y	12/10/08 11:52am NA F	Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CHLOROMETHANE	EPA 624	ND ug/l	0.650 ug/l	12/12/08 10:51PM MPL
VINYL CHLORIDE	EPA 624	ND ug/l	0.600 ug/l	12/12/08 10:51PM MPL
BROMOMETHANE	EPA 624	ND ug/l	0.690 ug/l	12/12/08 10:51PM MPL
CHLOROETHANE	EPA 624	ND ug/l	0.700 ug/l	12/12/08 10:51PM MPL
TRICHLOROFLUOROMETHANE	EPA 624	ND ug/l	1.26 ug/l	12/12/08 10:51PM MPL
1,1-DICHLOROETHENE	EPA 624	ND ug/l	0.680 ug/l	12/12/08 10:51PM MPL
ACETONE	EPA 624	196 ug/l	0.980 ug/l	12/12/08 10:51PM MPL
METHYLENE CHLORIDE	EPA 624	5.03 ug/l	0.790 ug/l	12/12/08 10:51PM MPL
TRANS-1,2-DICHLOROETHENE	EPA 624	ND ug/l	0.600 ug/l	12/12/08 10:51PM MPL
1,1-DICHLOROETHANE	EPA 624	ND ug/l	0.380 ug/l	12/12/08 10:51PM MPL
CARBON TETRACHLORIDE	EPA 624	ND ug/l	0.870 ug/l	12/12/08 10:51PM MPL
CHLOROFORM	EPA 624	3.94 ug/l	0.390 ug/l	12/12/08 10:51PM MPL
1,1,1-TRICHLOROETHANE	EPA 624	ND ug/l	0.700 ug/l	12/12/08 10:51PM MPL
BENZENE	EPA 624	ND ug/l	0.640 ug/l	12/12/08 10:51PM MPL
1,2-DICHLOROETHANE	EPA 624	ND ug/l	0.310 ug/l	12/12/08 10:51PM MPL
TRICHLOROETHENE	EPA 624	ND ug/l	0.780 ug/l	12/12/08 10:51PM MPL
1,2-DICHLOROPROPANE	EPA 624	ND ug/l	0.420 ug/l	12/12/08 10:51PM MPL
BROMODICHLOROMETHANE	EPA 624	0.620 J ug/l	0.360 ug/l	12/12/08 10:51PM MPL
TOLUENE	EPA 624	ND ug/l	0.610 ug/l	12/12/08 10:51PM MPL
TRANS-1,3-DICHLOROPROPENE	EPA 624	ND ug/l	0.230 ug/l	12/12/08 10:51PM MPL
CIS-1,3-DICHLOROPROPENE	EPA 624	ND ug/l	0.500 ug/l	12/12/08 10:51PM MPL
1,1,2-TRICHLOROETHANE	EPA 624	ND ug/l	0.720 ug/l	12/12/08 10:51PM MPL

Thomas J. Hines
Thomas J. Hines, President

QC Laboratories

Analytical Report



Account No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA
 Project No: W05307, COMPLETE ANALYSIS 1 WK TAT PHILLY QA

P.O. No:
 PWSID No:

Inv. No:

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by	
L2849862-2	813922.2 GRAB	12/10/08 11:52am NA F	Customer Sampled	
Parameter	Method	Result	RLs	Test Date, Time, Analyst
2-CHLOROETHYL VINYL ETHER	EPA 624	ND ug/l	0.360 ug/l	12/12/08 10:51PM MPL
DIBROMOCHLOROMETHANE	EPA 624	ND ug/l	0.390 ug/l	12/12/08 10:51PM MPL
TETRACHLOROETHENE	EPA 624	ND ug/l	0.640 ug/l	12/12/08 10:51PM MPL
CHLOROBENZENE	EPA 624	ND ug/l	0.450 ug/l	12/12/08 10:51PM MPL
ETHYL BENZENE	EPA 624	ND ug/l	0.510 ug/l	12/12/08 10:51PM MPL
BROMOFORM	EPA 624	ND ug/l	0.360 ug/l	12/12/08 10:51PM MPL
1,1,2,2-TETRACHLOROETHANE	EPA 624	ND ug/l	0.320 ug/l	12/12/08 10:51PM MPL
1,3-DICHLOROBENZENE	EPA 624	ND ug/l	0.560 ug/l	12/12/08 10:51PM MPL
1,4-DICHLOROBENZENE	EPA 624	ND ug/l	0.580 ug/l	12/12/08 10:51PM MPL
1,2-DICHLOROBENZENE	EPA 624	ND ug/l	0.320 ug/l	12/12/08 10:51PM MPL

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
- The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
- Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
- QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018, Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.
- QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
- All samples are collected as "grab" samples unless otherwise identified.
- MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
- Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Thomas J. Hines
 Thomas J. Hines, President

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
 (Lab use only) No. 813922

DELIVERABLES: **STD** REDUCED FULL
 (CIRCLE ONE) OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	Ms. Thakar	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	<i>C. Aliberto</i> name	sign	<i>[Signature]</i>
WITNESSED BY	name	<i>SR 12-10-08</i>	

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
813922.1	AP- 1210	12/10/08 11:50	A	C	1	C	BOD, TSS
813922.1	AP- 1210	12/10/08 11:51	A	C	1	Hn, C	Cu, Zn, Pb
813922.2	AP- 1210 G	12/10/08 11:52	A	G	2	H, C	VOC*
REMARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE						
	COMPOSITE SAMPLER WAS SET UP ON 12/9/08 + 11:50. SAMPLE WAS COLLECTED ON 12/10/08 + 11:50						
	SAMPLING FREQUENCY - 30 MINUTES.						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<i>CALI</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	12/10/08	16:30	<i>100% off</i>	<i>[Signature]</i>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID	S - SOIL X - OTHER	O - OIL			
T = TYPE	C - COMPOSITE	G - GRAB	No. = NUMBER OF CONTAINERS				
P = PRESERVATIVE	H ₂ - H ₂ SO ₄	Hn - HNO ₃	H - HCl	N - NaOH	A - ASCORBIC ACID	C - COOL TO 4 °C	

SOP-CG-010 REV 4/96

NOT DOWN BOX

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

FACILITY NAME: AMNEAL PHARM.

FACILITY ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____

PERMIT # _____

OUTLET # 27200050-1

CONTACT OFFICIAL: _____

TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Antimony ☐ Lead ☒ Zinc ☐
 Arsenic ☐ Mercury ☐
 Barium ☐ Molybdenum ☐
 Beryllium ☐ Nickel ☐

SAMPLE DATE		
MONTH	DAY	YEAR
12	09	03

METER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
LEAD	Sample Measurement	< 0.005 ✓	n	mg/l	Comp.
	Threshold Value	0.029		1	
ETHYLENE DIHALIDE	Sample Measurement	0.005 ✗		mg/L	GRAB
	Threshold Value			1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96